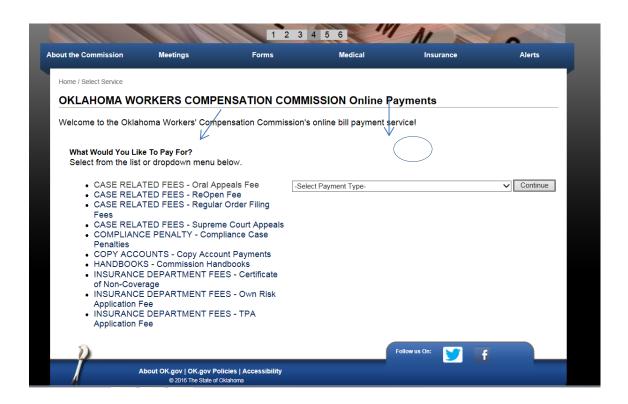
Workers' Compensation Commission Web Bill Pay System Instructions

There is a \$1.00 fee per transaction for use

- Go to www.wcc.ok.gov
- Select the "Bill Pay" button located on the right hand side
- You will see the Bill Pay Home Screen, as shown below
- You may select the category you wish to pay on the left hand side by clicking it or by selecting the category via the drop down menu on the right and clicking "Continue"

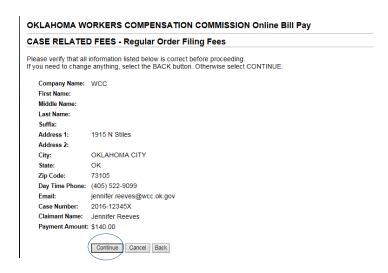


- You will be taken to the Information Page shown below
 - o You need to enter either your Company name or your first and last name
 - o You need to enter your address, City, State, Zip, and phone number
 - o If you would like an emailed receipt, then enter your email address
 - O You need to enter the Case Number or Permit Number, if applicable
 - If you are paying multiple cases, please enter the additional case numbers in the "Additional Comments" field
 - You need to enter the Claimant Name, if applicable
 - You need to enter the Payment Amount, if applicable

OKLAHOMA WORKERS COMPENSATION COMMISSION Online Bill Pay

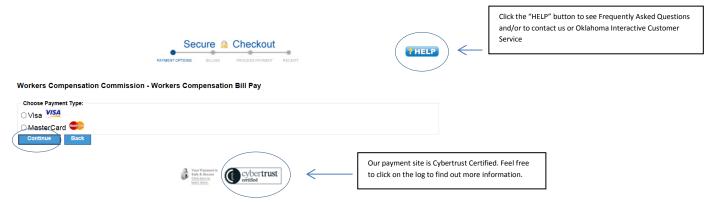
CASE RELATED FEES - Regular Order Filing Fees Administrative fee due to the Commission for filing a Workers' Comp Case Company Name: OR. First Name Middle Name Last Name: Suffix: (Jr., Sr., etc.) Address 2: City:* ок 🗸 Zip Code:* (No dashes) Daytime Phone:* (No dashes, include area code. Ex: 4447779999) Email: (Email is required for e-mail payment confirmation.) Depending on the category, you may NOT If you would like for this transaction to be processed at a later date, enter the future date here: have the option to pay at a later day Case Number:* Depending on the category, you may NOT be required Enter the Commission Case Number. The format is 201#-## to enter the Case Number and or Claimant Name Claimant Name:* Enter the Claimant's first and last name Additional Comments: If you are paying more than one (1) case, please put the additional case numbers in here. Payment Amount:* (Ex: 99.23, 21.00) Continue Cancel Back Depending on the category, you may be required to enter the payment amount. Some are defaulted.

- Click "Continue" to move on to the next screen
- The next screen is a confirmation screen, as shown below
 - o Confirm the information you entered is correct and click "Continue"
 - Click "Back" if you need to correct any information



- The next screen is the payment type screen, as shown below
- Choose your payment option
 - We currently take Visa and MasterCard only

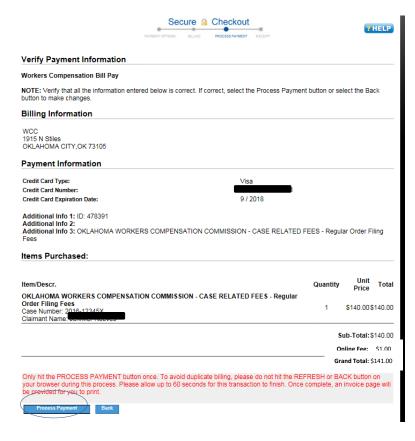
• Click "Continue" to go to the payment information screen



- The payment information screen is shown below
- You will notice that the "Billing Information:" will be defaulted from the main screen
 - o Make any necessary changes
- Enter your card number twice
- Enter your CCV number
- Enter your card's expiration date
- Select "Continue" to move on to the "Verify Payment Information" screen

Home / Workers Compensation Bill Pay / Payment Type / Enter Payment Info	
Return to application	
Secure Checkout	
0	? HELP
PAYMENT OPTIONS BILL	ING PROCESS PAYMENT RECEIPT
Enter Boyment Information	
Enter Payment Information	
Workers Compensation Commission - Workers Compensation Bill Pay	
* - Indicates Required Field	
Billing Information:	
Billing illiormation.	
Name on Account:	* WCC
Billing Address :	* 1915 N Stiles
Billing City:	* OKLAHOMA CITY
Billing State: (If living outside U.S., select Outside U.S.)	* OK V
Billing Zip:	* 73105
Payment Information	
Developed Trans.	\. F==
Payment Type: Credit Card Number: (no dashes or spaces)	Visa View Visa Credit Card Limits
Re-Enter Credit Card Number: (no dashes or spaces)	view visa credit card Limits
CCV:	* Help?
Credit Card Expiration Date:	* Select-Month- V -Select Year- V
	Continue
Your Payment is Safe & Samons Cyplet Trust	

- The "Verify Payment Information" screen is shown below
- Verify your information and select the "Process Payment" button



- You will be shown a receipt like the one below
 - o A copy will be sent if you provided an email address on the main screen

